

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09783841

FILING DATE

03/13/01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7	1					
8		1				
9		1				
10		1				
11		1				
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49						
50						
TOTAL IND.	3					
TOTAL DEP.	17	→	→	→		
TOTAL CLAIMS	20					

51	*	*	*
	IND.	DEP.	IND.
52			DEP.
53			IND.
54			DEP.
55			IND.
56			DEP.
57			IND.
58			DEP.
59			IND.
60			DEP.
61			IND.
62			DEP.
63			IND.
64			DEP.
65			IND.
66			DEP.
67			IND.
68			DEP.
69			IND.
70			DEP.
71			IND.
72			DEP.
73			IND.
74			DEP.
75			IND.
76			DEP.
77			IND.
78			DEP.
79			IND.
80			DEP.
81			IND.
82			DEP.
83			IND.
84			DEP.
85			IND.
86			DEP.
87			IND.
88			DEP.
89			IND.
90			DEP.
91			IND.
92			DEP.
93			IND.
94			DEP.
95			IND.
96			DEP.
97			IND.
98			DEP.
99			IND.
100			DEP.
TOTAL IND.		→	→
TOTAL DEP.		→	→
TOTAL CLAIMS			→